

10-20-05
PART B - FEE(S) TRANSMITTAL

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Alexandria, Virginia 22313-1450
or **Fax** (512) 273-2885

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CURRENT CORRESPONDENCE ADDRESS: (Note: Use Block 1 for any change of address)

SANDER RABIN MD JD
CONVERGENT TECHNOLOGY PATENT LAW GROUP
2 IRVING PLACE
TROY, NY 12180-4417

10/21/2005 EFLORES1 00000119 10733906

01 FC:2501 700.00 OP
02 FC:1504 300.00 OP

10/21/2005 EFLORES1 00000156 503033 10733906

01 FC:8001 9.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (512) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
October, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10733906

TITLE OF INVENTION: **ATRAUMATIC ENDOTRACHEAL TUBE INTRODUCER AND ATRAUMATIC INTUBATION METHODS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	YES	\$700.00	\$300.00	\$1000.00	11/10/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			

WEIKER, AMANDA FLYNN

3743

128-207140

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Sander Rabin, MD JD**

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Research Foundation State University of New York

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PO Box 9
35 State Street
Albany, NY 12207-2826

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **3**

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- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Sander Rabin

Date

October 19, 2005

Typed or printed name

Sander Rabin

Registration No.

53,498

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Alexandr Pekar**

Docket No.

RFSUNY-3672

Serial No.

10/733,906

Filing Date

12/11/2004

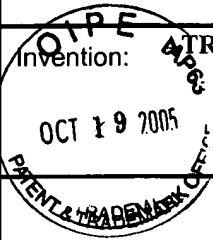
Examiner

Wieker, Amanda Flynn

Group Art Unit

3743

Invention:

ATRAUMATIC ENDOTRACHEAL TUBE INTRODUCER AND ATRAUMATIC INTUBATION METHODS**OCT 19 2005**

I hereby certify that the following correspondence:

PART B-FEE(S) TRANSMITTAL AND ACCOMPANYING PAPERWORK*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 19, 2005*(Date)*RADKA STOCKOVA*(Typed or Printed Name of Person Mailing Correspondence)**Radka Stockova**(Signature of Person Mailing Correspondence)***EE470770695US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**



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October 19, 2005

Commissioner of Patents
Box 1450
Alexandria, VA 22313-1450

Re: United States Nonprovisional Patent Application

**Title: AN ATRAUMATIC ENDOTRACHEAL TUBE INTRODUCER AND
ATRAUMATIC INTUBATION METHODS**

US Serial No. 10/733,906

Dear Sir:

TROY OFFICE:

Enclosed is an executed PART B- FEE(S) TRANSMITTAL FORM together with a check for \$1000.00 payable to the Commissioner of Patents and accompanying papers to transmit the Issue Fee and Publication Fee in this matter.

Two

Irving Place

Troy,

New York

12180-4417

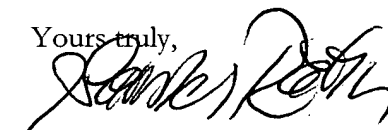
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Yours truly,


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